

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582740

FILING DATE

6/3-2002

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13	1					
14			1			
15			1	1		
16			1			
17			1	1		
18			1			
19			1			
20				1		
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49						
50						
TOTAL IND.	5	↓	7	↓		↓
TOTAL DEP.	8	←	3	←		←
TOTAL CLAIMS	13		10			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						